

Shadforth Portfolio Service

25 February 2019

High Threshold Transaction Form

This form has been prepared in accordance with the IOOF Group AML/CTF Program. The information collected in this form will be solely used for 'know your client' (KYC) purposes.

The form **must** be completed for any additional investment, contribution, rollover, transfer or deposit where the amount **is equal to, or more than, \$2 million**:

- Please provide detailed answers and provide the requested documentation to all questions to minimise required follow-up.
- Enter 'N/A' where the question does not apply.

Step 1: Client details

Account number (if known)

Account name*

* Note: refers to name under which the account has been set up (ie name of the individual, proprietary concern, company, trust, SMSF etc).

Contact person details

Title (Dr/Mr/Mrs/Ms/Miss) Surname

Given name(s)

Date of birth / /

Current residential address

Street

Suburb State Postcode

Step 2: AML/CTF Checklist

1 How long has the investor been a client of the advisory firm?

(ie how well does the adviser know the client, their background, their investment structure, their transaction behaviours)

